ADDIT, FEE

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PTO/SB 06 (08-06-)
Approved for use through 10/31/2002, OMB 0651-0032

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## PATENT APPLICATION FEE DETERMINATION RECORD

	e i Aims as filebo Part		*:*.:	1.117	OTHER THAN SMALL EXHID
OF	NUMBER FILED	MEMBER EXTRA	7.16	393	RATE 1990
BASE FEE				1370	OR 4, 12 5 2
OTCLE CHAIN	minus 20				OR 28/19 "
OTCER CHOOL INDEPENDENT CLAIMS	minus 3 ·	v			OR XXX
MULTIPLE DEPENDED I C	CLAIM PRESENT (1994) REI				OR COL
If the difference in column 1 s to	CLAIMS AS AMENDI	ED - PART II		PNITTY	OF TOTAL OTHER THAN SMALL ENTITY
< CI	AIMS J MAINING FTER PR	HIGHEST NUMBER PRESE EVIOUSLY ENTE PAID FOR	1 1	ADDI- TIONAL FEE	RATE TIONAL FEE
A AME Total O7 CFR 1.6(c) Index fonding (37 CFR 1.1(-b))  V	Minus Minus	= =	× 5 9 × 4 4	= 1	OR $\times 5/B =$ OR $\times 5/B =$
FIRST PRESENTA	TION OF MULTIPLE DEPENE	Column 2)	TOTA		OR TOTAL ADDIT. FEE
□ REI	MAINING TO THE MAINING	HIGHEST NUMBER PRES REVIOUSLY PAID FOR	1 1	ADDITIONAL FEE	ADDI- RATE TIONAL FEED-
Total *  Independent (37 CFR 1.146b))  V	Minus **	* =	<u> </u>		OR OR
Independent *	Minus **	**	× 44	_=   1 1	OR × 00 =
FIRST PRESENT	ATION OF MULTIPLE DEPEN	DENT CLAIM 57 CTR	+ 15C	- 4	• OR +200 ₹
LL	Column 1)		TO ADDIT.	TAL :	OR TOTAL ADDIT. FEE
O RI	CLAIMS EMAINING AFTER IENDMENT	110,1112777	SENT RA	FEE	RATE TIONA
Total (37 CFR 1.16(c))	Minus		x \$_		x 3 1 2 -
Total (37 CFR 1.166b) AN Independent (37 CFR 1.166b) AV	Minus	:	× 44	<u></u>	OR: -
12	TATION OF MULTIPLE DEPE	- CLAIM ATTI	1 10dn 4 /5	0 =	OR + 300 =

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ADDIT, FEE

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, etc. in 3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number to add is the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time wit, vary depending a son the needs of the individual case. Any comments on the amount of time von are required to complete this form should be sent to the Chief h formation (Hicer, U.S. Patent and Frademar). Office, Washington, DC 20231—DO 2013 SE2D 114-S. OR. COMPLETED FORMS TO THES ADDITION Assistant Commissioner for thanks. Washington, DC 20231—DO 2013.